



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E428380**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **15-01324**

LOCAL AGENCY CODING

TOTAL # OF UNITS **03** OBJECT STRUCK **TREE OR STUMP**

TRIBAL RESERVATION

DATE OF COLLISION **05** - **28** - **2015** TIME (2400) **1611** COUNTY # **31** MILES **0664** CITY # **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒  
**E. LAKE SHORE DR** BLOCK NO. ☒ **1518** MILE POST

DISTANCE **300** **00** MILES ☐ N ☒ E ☒ S ☐ W OF (REFERENCE OR CROSS STREET) **MAIN ST**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4258769444**

LAST NAME **CAPARANGA** FIRST NAME **EVELYN** MIDDLE INITIAL **M**

STREET NEW ADDRESS **11501 20TH ST NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **CAPAREM371PQ** STATE **WA** SEX **F** D.O.B. **10** - **18** - **1963**

ON DUTY ☐ STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **KNEE**

LICENSE PLATE # **AEY1628** STATE **WA** VIN# **4T1BK46K27U023071**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2007** MAKE **TOYT** MODEL **CAMRY** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JOEL CAPARANGA 11501 20TH ST NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 920388143**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253774065**

LAST NAME **DEMERCHANT** FIRST NAME **ALEXA** MIDDLE INITIAL **N**

STREET NEW ADDRESS **11730 1ST PL SE**

CITY **LAKE STEVENS** ST **WA** ZIP **982587735**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **DEMERAN019BZ** STATE **WA** SEX **F** D.O.B. **01** - **09** - **1999**

ON DUTY ☐ STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **ATC4761** STATE **WA** VIN# **3VWMA81H7VM128402**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1997** MAKE **VOLK** MODEL **GOLF** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **BRETT HOTTENDORF 11730 1ST PL SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 71561907**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **M. HINGTGEN** BADGE OR ID # **126** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E428380**

CASE # **15-01324**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HOTTENDORF WESLEY J</b>									
ADDRESS & PHONE # <b>11730 1ST PL SE LAKE STEVENS WA 98258</b>						SEX <b>M</b>	D.O.B. MMDDYYYY <b>10</b>	- <b>03</b> -		<b>2004</b>	
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT # <b>2</b>	SEAT POS. <b>7</b>	AIRBAG <b>3</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE <b>2</b>	INJURY CLASS <b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY	- -			
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY	- -			
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

Veh #1 was traveling north in approximately the 1500 blk of E. Lakeshore Dr. Veh #2 was traveling southwest, through a slight turn in 1600 blk of E. Lakeshore Dr. Veh #1 moved over the double yellow centerline of the roadway. Veh #2 attempted to move to the shoulder of the roadway but was unable to move completely off. Veh #1 impacted Veh #2 with the drivers side front bumper into Veh #2's drivers side front fender. Because of the impact, Veh #2 continued south approxiamtely 75 feet and came to a final stop location at the base of a utility pole. Veh #1 continued through the southbound lane of travel, exiting the roadway into the property of 1518 E. Lakeshore Dr. Veh #1 traveled down a steep embankment and came to a final stop location at the base of a tree and several bushes.

The driver of Veh #1 stated that she had noticed something in the roadway and turned the vehicle to the left in an attempt to avoid it. The driver did not state that what she was avoiding.

The driver of Veh #2 stated that she was driving around the corner and noticed the vehicle in her lane of travel. She stated that before she knew it, the vehicle impacted her.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>M. HINGTGEN</b>		<b>05-29-15 11:44 AM</b>			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATED	PLACE SIGNED	
APPROVED BY <b>BOB SUMMERS 079</b>			DATE <b>5/29/2015 1:41:19 PM</b>		
BADGE OR ID # <b>126</b>	ORI # <b>WA0311900</b>	TIME POLICE DISPATCHED <b>4:11 PM</b>	TIME POLICE ARRIVED <b>4:14 PM</b>		



SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E428380**

CASE # **15-01324**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

☒

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

D: 4253342514

LAST NAME

TREMAINE

FIRST NAME

DAVID

MIDDLE INITIAL

G

STREET NEW ADDRESS

1518 E LAKE SHORE DR

CITY

LAKE STEVENS

ST

WA

ZIP

982580000

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

M

D.O.B. MMDDYYYY

02

18

1943

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

3

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

☒

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

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1943

ON DUTY ☐

STATUS

AIRBAG

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EJECT

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INJURY CLASS

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VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



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M. HINGTGEN

05-29-15 11:44 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

128

ORI #

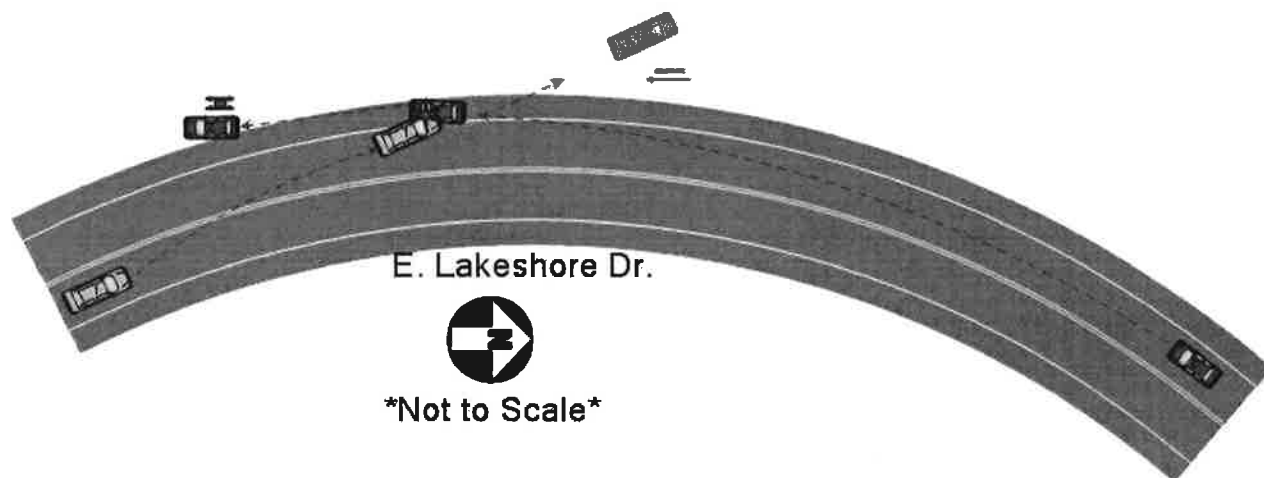
WA0311900

APPROVED BY SUMMERS

DATE 5/29/2015

PAGE 3

OF 4



LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>M. HINGSTON 126</i>				Case Number <i>15-01324</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case:				Date/Time: <i>5/28/15 @ 1611</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING								*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification			

Case #

Item #   Action #	1	<div style="display: flex; justify-content: space-between;"> <div>Item <i>Photo CD</i></div> <div>Brand Name</div> </div>	Storage Location	Disposition		
		Brand/Model/Caliber (Further Description)				
	3	<div style="display: flex; justify-content: space-between;"> <div>Serial #</div> <div>Where Found</div> <div>Weight of Narcotic</div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>Owner's Name</div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Phone #</div> </div>					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #   Action #		<div style="display: flex; justify-content: space-between;"> <div>Item</div> <div>Brand Name</div> </div>	Storage Location	Disposition		
		Brand/Model/Caliber (Further Description)				
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		Brand/Model/Caliber (Further Description)				
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Owner Signature/Other remarks /additional information/ special instructions						
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<div style="display: flex; justify-content: space-between;"> <div>Owner's Name</div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Phone #</div> </div>					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15010283 Xref: #AG15001517  
Case Numbers: \$SS15001324

Entered 05/28/15 16:11:23 BY SPDF25 SP0263  
Dispatched 05/28/15 16:11:50 BY SPDP17 SP0386  
Enroute 05/28/15 16:11:50  
Onscene 05/28/15 16:14:28  
Closed 05/28/15 17:29:34

Initial Type: COL Initial Alarm Level: Final Alarm Level:  
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H  
Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-6 Group: SS1 Beat: NORT

Src: T  
Loc: 1519 E LAKESHORE DR , LKS btwn 14 ST NE & 16 ST NE (V)

Loc Info:

Name: TREMAIN DAVE Addr: Phone: 4253342514

/1611 (SP0263) ENTRY , VEH OFF RDWY, UNK INJS  
/1611 (SP0386) AGCADV , 19S12  
/1611 (SP0263) CROSS #AG15001517  
/1611 (SP0386) DISPER 19D2 #SS126 HINGTGEN, OFFICER (MICHAEL)  
/1612 (SP0263) SUPP TXT: UNK DESC OF VEH, DOWN IN TREES, 100 FT OFF  
RDWY, INTO TREES, N SIDE OF RDWY,  
/1613 (SP0226) SUPP NAM: TREMAIN DAVE,  
PHO: 4253342514,  
TXT: ONE FEM WITH LEG PAIN CABN  
/1613 (SP0386) ASSTER 19D1 #SS102 PLANALP, OFFICER (DANIEL)  
/1614 ASSTER 19S12 [1519 E LAKESHORE DR , LKS]  
#SS79 SUMMERS, SGT (ROBERT)  
/1614 ONSCNE 19D2  
/1615 MISC 19D2 , AID OS  
/1616 \$PREMPT 19S12  
/1617 (\*\*\*\*\*) REMINQ 19D2 AEY1628  
/1617 (SP0386) REMINQ 19D2 LIC, 19D2, AEY1628,,  
/1620 (\*\*\*\*\*) REMINQ 19D2 ATC4761  
/1620 (SP0386) REMINQ 19D2 LIC, 19D2, ATC4761,,  
/1631 ASNCAS 19D2 \$SS15001324  
/1641 (SS126 ) REMINQ 19D2 MDTWANT,,,,,, WA, CAPARJS351BL,,,,,,,,,  
/1645 (SP0386) MISC 19D1 , NEXT TOW OWNERS REQ  
/1647 MISC 19D2 , R&R STAR TOWING ER  
/1702 MISC 19D1 , TOW OS  
/1702 ONSCNE 19D1  
/1729 CLEAR 19D2 D/H  
/1729 CLEAR 19D1 D/H  
/1729 CLOSE 19D1